

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMBINED THERAPY

☐ the specification of which is attached hereto, *or*

☒ was filed on November 26, 2004 as International Application No. PCT/GB2004/005008 and was amended on _____
(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate(s), or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below any foreign application(s) for patent or inventor's certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed		Certified Copy Attached?	
			YES	NO	YES	NO
0327493.3	GB	11/26/2003	[X]	[]	[]	[X]

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

Application No.

**Filing Date
(MM/DD/YYYY)**

I hereby claim the benefit under Title 35, United States Code, §120, of any United States application(s), or §365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Application No.

**Filing Date
(MM/DD/YYYY)**

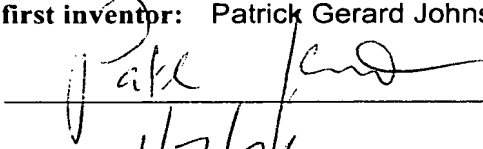
**Status (patented,
pending, abandoned)**

And I hereby appoint Gregory J. Lavorgna, Registration No. 30,469; Daniel A. Monaco, Registration No. 30,480; John J. Marshall, Registration No. 29,671; Joseph R. DelMaster, Jr., Registration No. 38,123; Robert E. Cannuscio, Registration No. 36,469; and George A. Frank, Registration No. 27,636, my attorneys or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence to Daniel A. Monaco, Esquire, at Drinker Biddle & Reath LLP, One Logan Square, 18th & Cherry Streets, Philadelphia, PA 19103-6996. Address all telephone calls to Daniel A. Monaco, Esquire, at 215-988-3312 (facsimile: 215-988-2757).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole or first inventor: Patrick Gerard Johnston

Inventor's signature: 

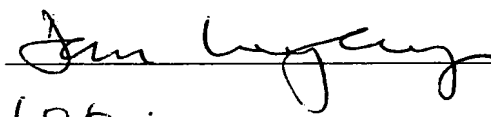
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Full name of second and joint inventor: Daniel Longley

Inventor's signature: 

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